



PATENT

Atty. Docket No. QUA009 P314

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3633
Examiner : Jason R. Holloway
Applicants : Les Teichner et al
Appln. No. : 10/550,404
Confirmation : 2285
Filing Date : September 21, 2005
For : GUTTER SYSTEM

Mail Stop: Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

PETITION AND FEE FOR EXTENSION
OF TIME (37 CFR §1.136[a])

1) This is a petition for an extension of time to respond to the Office action mailed January 26, 2009, for a period of one (1) month(s).

2) Applicants are:

☐ a small entity

☒ other than small entity

3)	<u>Extension</u> <u>(months)</u>	<u>Fee for other</u> <u>than small entity</u>	<u>Fee for small</u> <u>entity</u>
<input checked="" type="checkbox"/>	one month	\$ 130.00	\$ 65.00
<input type="checkbox"/>	two months	\$ 490.00	\$ 245.00
<input type="checkbox"/>	three months	\$ 1,110.00	\$ 555.00
<input type="checkbox"/>	four months	\$ 1,730.00	\$ 865.00
<input type="checkbox"/>	five months	\$ 2,350.00	\$ 1,175.00

4) An amendment:

☒ is filed herewith

☐ has been filed

05/26/2009 SSITHIB1 00000029 10550404

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130.00 OP

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Atty. Dkt. : QUA009 P314
Page : 2

5) Fee Payment:

 Attached is a check in the amount of \$.

 X Please charge the above-identified fee to the undersigned's credit card. A Credit Card Payment Form (PTO-2038) is attached.


 X Please charge any additional fees required or credit any excess fee paid to Deposit Account No. 16-2463. A duplicate of this petition is attached.

Respectfully submitted,

LES TEICHNER ET AL

By: Price, Heneveld, Cooper,
DeWitt & Litton, LLP

5/21/09
Date



Carl S. Clark
Registration No. 28 288
695 Kenmoor, S.E.
Post Office Box 2567
Grand Rapids, Michigan 49501
(616) 949-9610

CSC/jkrp
Enclosures



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 PO Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 20	Minus	** 25	= 0	x \$26	\$	x \$ 52	\$0.00
Independent Claims	* 2	Minus	*** 4	= 0	x \$110	\$	x \$220	\$0.00
First Presentation of Multiple Dependent Claims					\$195	x	x \$390	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicants : Les Teichner et al
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1. ☐ Small entity status of this application 37 CFR §1.9 and §1.27 has been established.
2. ☒ No additional fee is required.
3. ☐ A check in the amount of \$____.00 is attached.
4. ☐ Please charge the above-identified fee to the undersigned's credit card. A Credit Card Payment Form (PTO-2038) is attached.
5. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

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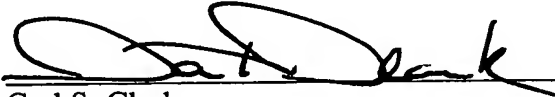
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